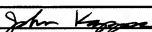


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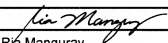
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/045,657
		Filing Date	November 7, 2001
		First Named Inventor	Morrison
		Art Unit	3739
		Examiner Name	Rollins, Rosiland Stacie
Total Number of Pages in This Submission		Attorney Docket Number	032,290-051

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	O'MELVENY & MYERS LLP	
Signature		
Printed name	John Kappos	
Date	September 26, 2007	Reg. No. 37,861

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being electronically transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below via the USPTO EFS-Web filing system.		
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**POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST
AND REVOCATION OF PRIOR POWERS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I, Gerry Gressel, Assistant Secretary of Ethicon Endo-Surgery, Inc. and Artemis Medical, Inc., as representative of the Assignees of record of the entire interest of the applications listed below, hereby revoke all powers of attorney previously given and appoint the following attorneys and/or agents to prosecute and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent applications corresponding to the applications listed below, all of the registered practitioners identified by Customer Number 021884:

021884
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WELSH & FLAXMAN LLC
2000 Duke Street
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(703) 920-1122

CERTIFICATE OF MAILING (37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Please send all correspondence to the attention of John Welsh, at the above Customer Number, and direct all telephone calls to John Welsh at (703) 920-1122.

U.S. Serial No./ Patent No.	U.S. Filing Date	First-Named Inventor	Reel	Frame	Recordation Date	New Attorney/ Docket (Former Docket)
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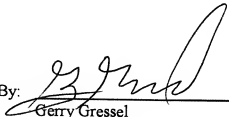
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Assignees of interest: Ethicon Endo-Surgery, Inc.
Artemis Medical, Inc.
Address: 4545 Creek Road
Cincinnati, OH 45242

In conformance with 37 C.F.R. §3.73(b), I hereby certify that all documents in connection with the chain of title have been reviewed, and to the best of my knowledge, all right, title and interest is in the above-identified Assignee.

Dated: 9/24/07

By: 
Gerry Gressel
Assistant Secretary
Ethicon Endo-Surgery, Inc.
Assistant Secretary
Artemis Medical, Inc.
4545 Creek Road
Cincinnati, OH 45242